

# **Second Thoughts Connecticut**

Advocates against the legalization of assisted suicide

## Testimony concerning SB 991 An Act Concerning an Advisory Council on Palliative Care

Senator Gerratana, Rep. Johnson, and members of the Public Health Committee:

Second Thoughts Connecticut has questions and concerns about HB 991, An Act Concerning an Advisory Council on Palliative Care. Let us start off by expressing our support for the goal of improved palliative care. This is an important and much needed medical specialty, and contrary to the misconceptions of a small fringe, palliative care is not at all synonymous with euthanasia. That having been said, there are different individuals and organizations in the field which have widely divergent attitudes on controversial issues, including the legalization of assisted suicide (a.k.a. aid-in-dying) and the withholding of nutrition and hydration. If this advisory council is to be beneficial and not harmful, we need to first know what the values of those who might serve on this council are—and by extension, the values of those appointing them.

In particular, we need to know where this is heading in terms of attitudes toward disability, “suffering,” people diagnosed with terminal illness viewing themselves, and others viewing them, as a “burden,” and the steering of people away from life-prolonging treatment, often due to ulterior motives such as fear of disability or cost containment. Palliative care issues are disability issues, and the perspective of the disability community needs to be fully included (i.e., not just one token representative).

As for what we already know in the field of palliative care, and suggestions for improvement, we would like to call your attention to testimony Dr. Ira M. Byock, MD recently gave to the Vermont Senate Committee on Health and Welfare on End of Life Choices, posted on the website of Not Dead Yet at <http://www.notdeadyet.org/2013/01/vermont-testimony-of-ira-byock-md-to-vermont-senate-committee-on-health-and-welfare-hearing-on-end-of-life-choices.html>. Dr. Byock directs the palliative care program at Dartmouth-Hitchcock Medical Center in Lebanon, NH, and is a nationally recognized authority in the field. He notes in his testimony that he is a staunch political progressive, yet opposes the legalization of assisted suicide as, in his words, “regressive social policy.” He makes a number of important recommendations for improving palliative care in Vermont, most of which are equally applicable in Connecticut. We would urge all to read his entire testimony; here is what he had to say regarding improving care and quality of life:

“An authentically progressive agenda for improving the way we die would include the state of Vermont making use of the Medicare waiver mechanism within the state’s health plan to dissolve the arbitrary requirement that incurably ill people give up treatment for their disease to receive hospice care for their comfort and quality of life and support for their families.

The Vermont legislature could preserve the dignity of frail elders and physically ill and dependent people by ensuring that there sufficient staff in long-term care facilities to answer the bell when Vermont's mothers or fathers, grandmothers or grandfathers, need help in getting to the bathroom. Nothing assaults an ill or demented person's dignity more than being unable to get help when needed.

It is past time for every state legislature to insist that every medical student receives adequate training and passes competency tests in basic palliative care knowledge and in the skills required for effective symptom management, communication, shared decision-making, and counseling related to serious illness and dying – skills that too many physicians lack today.”

It is important to note that Dr. Byock does **not** view the need for assistance in toileting, eating, or other activities as impinging on human dignity. Earlier in his testimony, he points out that we all have inherent dignity, citing the 1948 United Nations Universal Declaration of Human Rights. Rather, human dignity is violated when someone in need of assistance is unable to get that help, particularly because of insufficient resources for self-directed attendant care in the community, which keeps people trapped in institutions they would prefer not to be in. This is an important consideration when we see what percentage of people in Oregon are requesting “aid-in-dying” because of alleged “loss of dignity” (84.1% from 1998-2010, as opposed to only 21.3% who cited inadequate pain control or were concerned about it; see Oregon’s own statistics at <http://public.health.oregon.gov/providerpartnerresources/evaluationresearch/deathwithdignityact/documents/year13.pdf>).

The General Assembly can start acting on the above recommendations now, rather than wait for an advisory council to give theirs in 2015. We would suggest this committee raise legislation to this effect in next year’s session.

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